

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

1052173

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1						51					
2		1						52					
3	1							53					
4		1						54					
5	1							55					
6		1						56					
7		1						57					
8		1						58					
9		1						59					
10		1						60					
11		1						61					
12		1						62					
13		1						63					
14		1						64					
15		1						65					
16		1						66					
17		1						67					
18		1						68					
19		1						69					
20		1						70					
21		1						71					
22		1						72					
23		1						73					
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25		1						75					
26		1						76					
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28		1						78					
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30		1						80					
31		1						81					
32		1						82					
33		1						83					
34		1						84					
35		1						85					
36		1						86					
37		1						87					
38		1						88					
39		1						89					
40		1						90					
41		1						91					
42		1						92					
43		1						93					
44		1						94					
45		1						95					
46		1						96					
47		1						97					
48		1						98					
49		1						99					
50		1						100					
TOTAL IND.	3		5		5								
TOTAL DEP.	17		17		17								
TOTAL CLAIMS	20												

Best Available Copy